							Application or Docket Number					
PATENT A		ON FEE (tive Octo			ION RECO	ORD .	١,	7a 7	75	529		
					<u> </u>	·		<u> </u>		341	<u> </u>	
CLAIMS AS FILED - PART (Column 2)							LL E	YTITM	OR		R THAN ENTITY	
TOTAL CLAIMS		.1)		•		RATE		FEE	7	RATE	FEE	
FOR		NUMBER FILED		NUM	BER EXTRA	BAS	IC FE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS)) minus 20=		· 1Q		X	9=		OR	X\$18=		
IDEPENDENT CLA) minus 3 =		•	8		40=	†	OR	X80=			
IULTIPLE DEPEND	RESENT			` 🗆	+135=		 	OR				
If the difference in	column 1 is	ess than zero, enter "0" in column 2			L_	TAL		OR	TOTAL	סור		
CL	AIMS AS A	MENDE	D - PAR	TII					J - · ·	OTHER		
	(Column 1)		(Colur		(Column 3)	SM	ALL	ENTITY	OR	SMALL		
Total • Independent •	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER	PRESENT- EXTRA	R	IE.	ADDI- TIONAL FEE		RATE	ADDI- TIONAI FEE	
Total •	il	Minus	-20	· ·	4	XS	9=.		OR	X\$18=	1	
Independent •	2.	Minus			•	X4	0=	1	OR	X80=		
FIRST PRESENT	ATION OF MIL	ALTIPLE DE	PËNDËNT	CLAIM			- :		100		1	
- 1	•	:.					15=		99	+270=		
alala				ı		ADDIT	FEE		OR	TOTAL ADDIT, FEE		
abox.	(Column 1)		(Colun		(Column 3)							
	REMAINING AFTER MENDMENT		HIGH NUME PREVIO PAID J	SER /	PRESENT EXTRA	RA	ΤE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Total	mind	Minus	•• /	. ,	= /	X\$	9=		OR	X\$18=	/	
Independent		Minus	***		•/	X4) =	· · ·	OR	X80≠		
FIRST PRESENT	ATION OF MU	LTIPLE DEI	ENDENT	CLAIM		+13				+270=		
*							TAL		OR.	TOTAL		
				15.	i w	ADDIT.	FEE		OR	VOOIT. FEE		
	COUMS :		. (Còlum HIGHE		(Column 3)		تين					
	RÉMAINING AFTÉR MENOMENT		PREVIOR PAID F	ER USLY	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI: TIONAL	
Total		Minus	••		-	XS				Y040	FEE	
Independent •		Mihus	***		=	-	-		OR	X\$18=		
CLAIMS REMAINING AFTER AFTER AFTER AMENDMENT Minus Independent FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							-		OR	X80=		
the entry in entrem 4	is less than the	duta to est				+135	-]		OA	+270=		
If the entry in column 1 is less then the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ADDIT. FEE									OR .	TOTAL DOIT, FEE		
The Trighest Number	Previously Paid	200 17 1742 Eng /Tabel ac	SPACE B	NES TAN A la tha i	S, enter "3."							

FORM PTO-675 (Rev. 8/00)